

UnitedHealthcare Community Plan Medical Policy Update Bulletin: July 2022

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Take Note

Community Plan of Nebraska to Use National Policy Versions

Effective Jul. 1, 2022, Community Plan of Nebraska will no longer maintain state-specific Medical Policies or Coverage Determination Guidelines for the following services; coverage guidelines for the state of Nebraska will now be provided in the Community Plan National policy versions listed below:

Policy Title	Policy Type
Abnormal Uterine Bleeding and Uterine Fibroids	Medical Policy
Computed Tomographic Colonography	Medical Policy
Core Decompression for Avascular Necrosis	Medical Policy
Gynecomastia Treatment	Coverage Determination Guideline
Home Hemodialysis	Medical Policy
Motorized Spinal Traction	Medical Policy
Nerve Graft to Restore Erectile Function During Radical Prostatectomy	Medical Policy
Neurophysiologic Testing and Monitoring	Medical Policy
Pectus Deformity Repair	Coverage Determination Guideline
Percutaneous Vertebroplasty and Kyphoplasty	Medical Policy
Sensory Integration Therapy and Auditory Integration Training	Medical Policy
Unicondylar Spacer Devices for Treatment of Pain or Disability	Medical Policy
Virtual Upper Gastrointestinal Endoscopy	Medical Policy

Quarterly CPT® and HCPCS Code Updates

All applicable Medical Policies, Medical Benefit Drug Policies, and Utilization Review Guidelines have been updated to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association. Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#)

For the list of impacted policies and corresponding details, click [here](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Attended Polysomnography for Evaluation of Sleep Disorders	Revised	Sep. 1, 2022
Cardiac Event Monitoring (for New Jersey Only)	Updated	Aug. 1, 2022
Carrier Testing for Genetic Diseases (for New Jersey Only)	Updated	Aug. 1, 2022

Policy Title	Status	Effective Date
Gastrointestinal Motility Disorders, Diagnosis and Treatment (for New Jersey Only)	Revised	Aug. 1, 2022
Implanted Electrical Stimulator for Spinal Cord (for Nebraska Only)	Revised	Oct. 1, 2022
Liposuction for Lipedema	Revised	Sep. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Updated	Jul. 1, 2022
Omnibus Codes (for New Jersey Only)	Revised	Aug. 1, 2022
Prostate Surgeries and Interventions (for New Jersey Only)	New	Aug. 1, 2022
Skin and Soft Tissue Substitutes (for Nebraska Only)	Revised	Sep. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Enjaymo™ (Sutimlimab-Jome)	Updated	Aug. 1, 2022
Erythropoiesis-Stimulating Agents	Revised	Aug. 1, 2022
Gonadotropin Releasing Hormone Analogs	Revised	Aug. 1, 2022
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	Revised	Aug. 1, 2022
Korsuva™ (Difelikefalin)	New	Aug. 1, 2022
Leqvio® (Inclisiran)	Updated	Aug. 1, 2022
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Aug. 1, 2022
Off-Label/Unproven Specialty Drug Treatment	Revised	Aug. 1, 2022
Oncology Medication Clinical Coverage	Revised	Aug. 1, 2022
Reblozyl® (Luspatercept-Aamt)	Updated	Jul. 1, 2022
Ryplazim® (Plasminogen, Human-Tvmh)	Updated	Jul. 1, 2022
Tezspire™ (Tezepelumab)	Updated	Jul. 1, 2022
Tezspire™ (Tezepelumab-Ekko)	Revised	Aug. 1, 2022
Vyvgart™ (Efgartigimod Alfa-Fcab)	Updated	Aug. 1, 2022
White Blood Cell Colony Stimulating Factors	Revised	Jul. 1, 2022
Xolair® (Omalizumab)	Updated	Jul. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Ambulance Services	Revised	Aug. 1, 2022
Ambulance Services (for New Jersey Only)	Revised	Aug. 1, 2022
Rhinoplasty and Other Nasal Surgeries (for New Jersey Only)	Revised	Aug. 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Chemotherapy Observation or Inpatient Hospitalization (for New Jersey Only)	Revised	Aug. 1, 2022
Observation Services (for New Jersey Only)	Updated	Aug. 1, 2022
Outpatient Surgical Procedures – Site of Service	Revised	Sep. 1, 2022

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Medical Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Community Plan Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Medical & Drug Policies and Coverage Determination Guidelines for Community Plan](#).